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PTO/SB/07 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number <b>09/735,498</b>		Filing Date				
						Applicant(s)						
12/21/05 7/17/06						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1												
2												
3		1		1		1						
4		X		X		X						
5		3		3		3						
6		3		3		3						
7		1		1		1						
8		X		X		X						
9		1		1		1						
10		1		1		1						
11		1		1		1						
12		2		2		2						
13		1		1		1						
14		1		1		1						
15		X		X		X						
16		1		1		1						
17		1		1		1						
18		1		1		1						
19		1		1		1						
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Total Indep	4		4									
Total Depend	20		20									
Total Claims	24		24									
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Total Indep												
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number <b>09/935,498</b>		Filing Date		
8/30/04 3/31/05 10/11/05						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		X		X					
2		1		1		1				
3		1		1		1				
4		2		2		2				
5		3		3		3				
6		3		3		3				
7		1		1		1				
8		1		1		1				
9		1		1		1				
10		1		1		1				
11		1		1		1				
12		2		2		2				
13		1		1		1				
14		1		1		1				
15		1		1		1				
16		1		1		1				
17		1		1		1				
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Total Indep	1		1		3					
Total Depend	24		24		20					
Total Claims	25		25		23					
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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <u>29/735,498</u>		Filing Date	
							Applicant(s)			
12/14/00      7/10/02      4/16/04							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1		1					
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5		3		3		3				
6		3		3		3				
7		2		2		2				
8		2		2		2				
9		1		1		1				
10		1		1		1				
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Total Indep	1		1		1					
Total Depend	22		22		25					
Total Claims	23		23		26					
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